

**TRANSMITTAL
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APR 08 2005

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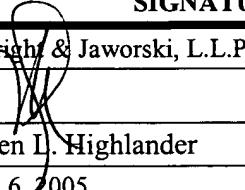
Application Number: 09/061,417
Filing Date: April 16, 1998
First Named Inventor: Eric N. Olson
Art Unit: 1632
Examiner Name: M. Davis
Attorney Docket Number: MYOG:029US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings(s) _____	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Statement under 37 CFR §3.73(b)	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Designation of Patent Practitioners	<input checked="" type="checkbox"/> Check in the amount of \$500.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/ MYOG:029US/SLH</u>
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> References _____	<input type="checkbox"/> CD, Number CD(s) _____	<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Computer Readable Form (CRF)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input checked="" type="checkbox"/> Request for Oral Argument
<input type="checkbox"/> Declaration(s) _____		
<input type="checkbox"/> Copy of Notice of Missing Parts		

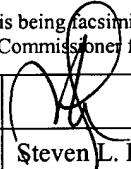
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	April 6, 2005		

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Date	April 6, 2005



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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Appeal Brief – Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-01450, on the date below:

April 5, 2005
Date

Steven L. Highlander

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Eric N. OLSON et al.

Serial No.: 09/061,417

Filed: April 16, 1998

For: METHODS AND COMPOSITIONS FOR
THERAPEUTIC INTERVENTION IN
CARDIAC HYPERTROPHY

Group Art Unit: 1632

Examiner: M. Davis

Atty. Dkt. No.: MYOG:029US/SLH

REQUEST FOR ORAL ARGUMENT

Mail Stop Appeal Brief – Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-01450

Sir:

In accordance with 37 C.F.R. § 1.194, Appellants respectfully request an oral hearing be granted in connection with the referenced appeal. A check in the amount of \$500.00, in accordance with 37 C.F.R. § 1.17(g) is enclosed herewith. If this check is insufficient, or inadvertently not attached, the Commissioner is authorized to deduct any required fees for any reason relating to this document under 37 C.F.R. §§ 1.16 to 1.21 from Fulbright & Jaworski

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Respectfully submitted,


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Reg. No. 37,642

Attorney for Applicants

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Date: April 6, 2005